

CLAIMS ONLY.

Application Number

.. Filling Date

70/710.813

Applicant(s)

CLAIMS	AS FILED 8/24/9		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	/					
2	X					
3	X	/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12	X					
13		/				
14		/				
15	/					
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48						
49						
50						
Total Indep.	2					
Total Depend.	22					
Total Claims	22					

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depe
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100						
Total Indep.						
Total Depend.						
Total Claims						